

NEWCASTLE-UPON-TYNE

Borough Lunatic Asylum.

TWELFTH ANNUAL REPORT,

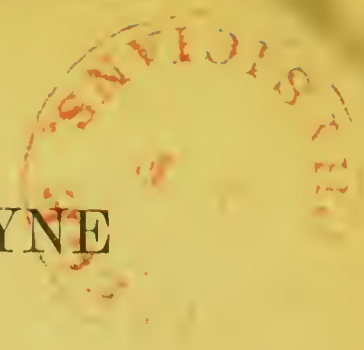
1876.



NEWCASTLE-UPON-TYNE :  
PRINTED AT THE DAILY JOURNAL OFFICE, CLAYTON STREET.

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ROYAL INSTITUTE OF PHYSICIANS	
LONDON	
C. F. M.	
ALL	6-2 1966
DATE	

A LIST  
OF THE  
COMMITTEE OF VISITORS  
AND OFFICE-BEARERS  
FOR THE YEAR 1877.

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Committee of Visitors.

1. THOMAS HEDLEY, Esq., CHAIRMAN.
2. ANTHONY NICHOL, Esq.
3. JOSEPH POLLARD, Esq.
4. THOMAS WILSON, Esq.
5. WILLIAM HUNTER, Esq.
6. BENJAMIN PLUMMER, Esq.
7. T. LESSLIE GREGSON, Esq.
8. JOHN BULMAN, Esq.

Clerk of the Committee.

JOHN ATKINSON, SOLICITOR, 72, PILGRIM STREET, NEWCASTLE.

Medical Superintendent.

R. H. B. WICKHAM, F.R.C.S., Ed.

Chaplain.

THE REV. W. BOWLAN, LL.D.

Assistant Medical Officer.

W. J. BROWN, M.B., Dublin.

Clerk of the Asylum.

DAVID BRODIE.

Houskeeper.

MISS HILL.

Head Nurse.

MISS REID.

Head Attendant.

G. DUNCAN.



# Newcastle-upon-Tyne Borough Lunatic Asylum.

## REPORT 1876.

THE Committee of Visitors of the Newcastle-upon-Tyne Borough Lunatic Asylum have, in pursuance of the provisions of the "Lunatic Asylums Act, 1853," to make the Twelfth Annual Report on the condition and management of the Institution.

On the 31st December, 1875, the number of patients on the books was 219 (viz., 96 male and 123 female). The admissions during 1876 were 47 (viz., 25 male and 22 female), and were chargeable in the following manner:—

	Male.	Female.	Total.
As Private Patients .....	6 .....	3 .....	9
To the Newcastle Union.....	19 .....	19 .....	38

The discharges were 24 (viz., 12 male and 12 female), and the deaths 18 (viz., 11 male and 7 female).

The average number daily resident was 223 (viz., 98 male and 125 female). The number of patients discharged recovered was 19, or about 40·42 per cent. of the admissions; and the percentage of deaths of the average number daily resident was 8·07; of the total number (266) under treatment about 6·76.

The total number remaining on the books on the 31st December, 1876, was 224 (viz., 98 male and 126 female) being an increase of 5 as compared with last year. Of this number 12 are chargeable as private patients, as against 11 last year; 196 are chargeable to the Newcastle Union, as against 192 last year; 16 are chargeable to other Unions, as against 16 last year.



The Committee have ample accommodation for private patients, whom they receive under the 43rd section of the "Lunatic Asylums Act, 1853," and for whom a charge of 21s. per week is made; and they are also willing to receive pauper lunatics from Unions which cannot find room within their own districts. The charge for these is 14s. per week.

The Committee, at their statutory visits of inspection, have always found the Asylum in excellent order, both as regards cleanliness and discipline. A large number of patients are employed usefully, and the Committee feel certain that they meet with kind and appropriate treatment.

The only change of importance in the staff was in the Head Attendantship. Last year the Committee had to report that Mr. Charles Macbain had been appointed to that responsible office, but they regret to say they were deprived of his valuable services by death, and he was succeeded, after a short space, by Mr. George Duncan, one of the Charge Attendants of the Royal Morningside Asylum.

The papering and painting, which ought to have been executed in the summer, was deferred in consequence of a strike amongst the painters, but it will probably be finished during 1877.

The Commissioners in Lunacy visited the Asylum on the 20th of July. Their report will be printed as usual.

Various repairs, &c., of fabric have been carried out during the year. The class of inhabitants with which an Asylum has necessarily to deal renders this item a serious one as compared with that of institutions built for other objects; but the amount



expended here is not by any means above the average of Asylums for the Insane.

The planting of the airing courts is being rapidly proceeded with. The male ones have been tastefully laid out with trees and shrubs, and the female ones will be attended to as the weather and necessary garden operations will permit.

Mr. Wickham, the Medical Superintendent, has most ably and efficiently discharged his important duties. He will furnish the Committee with the usual Annual Statistical Report, which, with a statement of the receipts and expenditure under the maintenance account, will be printed and circulated amongst the magistrates.

The duties of the Chaplain are regularly and most satisfactorily performed by the Rev. Dr. Bowlan.

The Committee have to record their satisfaction with the manner in which Mr. Brown (the Assistant Medical Officer), Mr. David Brodie (the Clerk and Steward), and the other officers of the Institution have discharged their respective duties.

THOMAS HEDLEY.

JOHN BULMAN.

THOS. WILSON.

B. PLUMMER.

A. NICHOL.

JOSEPH POLLARD.

# REPORT OF THE COMMISSIONERS IN LUNACY.

BOROUGH ASYLUM, NEWCASTLE-UPON-TYNE,

JULY 20TH, 1876.

The names of 233 patients are on the books of this Asylum, and include 103 men and 130 women. 206 are chargeable to Newcastle Union and Borough, 16 are from out-counties and boroughs, and 11 (3 males and 8 females) are private patients. There are 30 vacant beds for men and 50 for women. 3 men and 4 women are absent on trial, with the exception of whom we have seen all. The present weekly charges are :—For the Newcastle patients, 12s.; for the out-county, 14s.; for the private, from 16s. to 21s.

Since the last visit, which was on the 30th July, 1875, the following numbers have been admitted, and discharged, and have died :—

	Male.	Female.	Total.
Admitted.....	30 .....	23 .....	53
Discharged and Removed...	34 .....	16 .....	50
Died.....	11 .....	6 .....	17

Of those removed 19 were sent to the Durham County Asylum, and amongst the discharged were 24 who had recovered. The mortality has been below the rate usual in County and Borough Asylums, and has not exceeded 7·50 *per cent.* per annum, calculated on the average daily number resident.

No suicide and no fatal casualty has occurred, and no Coroner's inquest has been held.

The deaths, with two exceptions, have been from causes ordinarily prevailing in Asylums. The exceptions referred to

were both cases of erysipelas, terminating fatally in patients affected respectively with general paralysis and senile decay. It appears that erysipelas made its appearance in the month of October last, since which time there have been 12 cases among the men, and 4 among the women. No fresh case has occurred since the 21st of April last. The origin of the disorder has not been traced to any special sanitary defect; but, as the result of our inquiries to-day, we recommend that early attention be given to the better ventilation of the soil pipes of the water closets, and also to the ventilation of the drains *externally to the building*. We learn that the question of altogether excluding the waste steam from the drains is already under the consideration of the Committee. In other respects the present bodily health appears to be fairly good. There were to-day 4 of the male and 5 of the female sex in bed. The numbers under medical treatment last week were 13 men and 15 women. Most of the men have Sunday suits, and their linen is changed twice a week. Their dress, on the whole, was in a satisfactory state, and the same may be said as to that of the women, except in Ward 2. In this ward the majority of the worst, most troublesome and excitable patients are placed together; and we found several wearing special dresses. There was great excitement and unruly conduct. In consequence of this it was necessary to remove 3 or 4 from the ward into the airing court. One attacked the head nurse, seizing her by the hair. Mr. Wickham accounted for this unusual display of excitement by the fact of the simultaneous relapse of several patients who suffer from periodical attacks of mania. Whatever may be the cause, we are strongly of opinion that, for the number of patients in the condition in which those of this



ward now are, the staff of attendants is inadequate. It is desirable to avoid, as far as possible, the too great concentration of unfavourable cases in the same ward; but in this there are 23 patients, most of a very refractory character, and only two attendants. We think that there should be one other at least, and that it is unfair and dangerous to those in charge to employ a less number. Benefit would also be derived if the ward were made more attractive by further decoration, and the introduction of objects by which the patients might be interested or amused. Some destruction of such objects there would probably be, but this in a great measure would be prevented by the better supervision ensured by the employment of more attendants. With the exception of this ward, the patients were generally free from excitement, though two men, who were sitting side by side at dinner in the Infirmary, attacked each other, and one had to be removed.

Some papering is required in parts of the Asylum, but we can, altogether, report satisfactorily of the state of the wards and of the condition of the bedding. Sixty-seven men and sixty-nine women were dining to-day in the dining hall. The dinner was pie, made of Australian meat with potatoes. The patients did not complain of the diet, but the potatoes, which we saw being prepared in the kitchen, were of last year's growth, and were very bad. We did not either hear any reasonable complaint against the attendants, but we enquired into the circumstances of a recent severe assault by one patient upon another, and of a struggle which ensued between the charge-attendant of the ward and one of these patients, when the latter (J.B.), who is affected with general paralysis, sustained fractures of two ribs. The matter was fully investigated at the time by the Medical Superintendent,

and was brought under the notice of the visitors, and as the result, notice of dismissal has been given to the attendant. We heard his explanation, and also examined the man (J.B.), and three patients who saw the struggle. The statements made by the patients to-day were not, it seems, so strong as when they were examined by Mr. Wickham immediately after the occurrence, and certainly there would not be sufficient evidence to give any chance of a conviction upon a prosecution. We have, therefore, no reason to be dissatisfied with the course already determined upon by the visitors. The patient whose ribs were fractured is going on satisfactorily.

The night attendance is the same as before. There are but few epileptics here, and no special arrangements are made for their continuous supervision at night.

In the staff of female attendants there are two vacancies. We desire to repeat the suggestion made by our colleagues last year for the use of tell-tale clocks. From the records furnished us, we find that the numbers employed are, on the average, about the same as last year, and that there is a slight increase in the number of those attending divine service and joining in the associated entertainments. One patient, a female, was to-day restrained by a bed sheet for surgical reasons. A considerable amount of restraint continues to be used in various ways. Since the last visit three men and two women have worn locked gloves on a great number of occasions, to prevent self-injury. Three men and two women have also been similarly restrained (two of them for lengthened periods) for surgical reasons. One man has been restrained by the "Camisole," for an hour-and-a-half, and one woman by the "Polka," for 217 hours, both for violent

excitement. One man has recently been packed in the wet sheet for four hours.

We are glad to report a great diminution in the records of seclusion, as compared with the last visit. Five men and four women only have been secluded for excitement or violence, for a total duration of 36 hours; and two other patients of each sex, for other reasons, for altogether  $17\frac{1}{2}$  hours.

In the principal male airing court, some trees have been planted, but it would be a great improvement if flower beds were laid out both here and in the female courts, to which nothing has at present been done, and which are still in the same bare and unattractive condition.

The water supply, which was formerly deficient, is now obtained in adequate quantity, an arrangement having been come to with the company, by which payment is made for the actual amount consumed, instead of by a fixed annual sum.

We hope that the recommendations we have made may be adopted by the committee, and that the progressive improvement of the Asylum, mentioned in the last report, may continue to be maintained.

GREVILLE HOWARD, } Commissioners  
JOHN D. CLEATON, } in Lunacy.



# THE MEDICAL SUPERINTENDENT'S REPORT.

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TO THE COMMITTEE OF VISITORS.

*January, 1877.*

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to submit the Twelfth Annual Report, with the Statistical Tables for 1876.

On the 1st of January, 1876, there were in the Asylum 219 patients (viz., 96 men and 123 women), and on the 31st of December, 1876, there were 224 (viz., 98 men and 126 women). The average number daily resident was 223 (viz., 98 men and 125 women), and the total number under treatment was 266, as against 232 and 284 respectively in 1875.

The admissions were 47, of which number the Union of Newcastle-upon-Tyne contributed 38, being less by 12 than in last year, and the remainder were private patients, no "out-county" patients having been admitted.

The discharges were 24, of which number 19 were "recovered" and 5 were relieved. The number of "recoveries" gives the per centage (calculated on the admissions) of 40·4.

The deaths were 18 in number, being the per centage of 8·0 of the average number resident, and of 6·77 of the total number under treatment. The average of deaths within the Asylums of England and Wales in 1875, calculated on the average number resident, is stated by the Commissioners in Lunacy to be 11·36, and calculated upon the total number under treatment 8·7, from which it would appear that our figures are still much below the

average ; but in 1875 our averages were only 4·7 and 3·8 respectively, which were lower by far than those of any other English County or Borough Asylum, with the exception of a newly-erected one, which at the close of the year had not received half of the patients for which it was built. The reason of the increase of deaths in 1876 was that towards the end of 1875 some peculiarly unfavourable cases were admitted, and in the last report I took occasion to remark that the death-rate of 1876 would probably be considerably increased in consequence.

The general statistics of the Asylum are as follows :—Since it was opened in June, 1865, there have been admitted 899 patients (viz., 451 men and 448 women), and of these 276 (viz., 115 men and 161 women) have been discharged “recovered,” being a per centage of about 30·7 of the admissions. 187 have been discharged “relieved” or “not improved,” being chiefly “out-county” cases which were boarded here while the asylum for their own district was being built or enlarged. The deaths have been 212 (viz., 143 men and 69 women), leaving, as has been said, at the end of 1876, 224 cases in the Asylum. The per centage of deaths, calculated on the convenient, but for no other reason to be recommended principle of Table IV., is 23·5.

Of the admissions in 1876 there is little to be said. There was the usual amount of feeble and debilitated cases ; of some of which it may be said with confidence that they would have had a fair chance of recovery in some cases, and of longer life in others, had they been sent here sooner. The dread of having to acknowledge even to one’s self that a relation has gone insane, continues to operate, even with those who are to all appearance possessed of average intelligence, as a powerful motive for putting off the

time of placing him under proper care and treatment, and so the days pass by, and the time comes when his recovery is as hopeless as his speedy death is certain. Asylum Physicians are generally charged with having what is called "Asylum on the brain;" which means, I understand, that they are too apt to consider Asylum treatment as the only means of dealing with Lunacy. The charge would be absurdly false were it not also noxiously so; but even if it were true, it might be fair to retort by asking what other form of treatment reformers are prepared to suggest. It would be difficult to point to a better system than that which the Commissioners in Lunacy, aided by magistrates and medical officers, have year by year established for public Asylums in England and Wales. Those who are continually harping upon the supposition that the minds of Asylum Medical Officers, who have spent their lives in the study of insanity, are necessarily warped by prejudice, would do well to remember that prejudice is born of ignorance rather than of knowledge, and that agitators are generally more bountifully supplied with the former than with the latter. It is in much the same spirit that certain people charge the whole medical profession with being prejudiced in favour of vaccination.

While, however, the out-ery against Asylums might, with little difficulty, be shown to be unreasonable, at least as far as Public Asylums are concerned, it would be equally silly on our part to say that the law, at any rate as regards private patients, is faultless. In practice the Lunacy system works, I believe, very well; but it is certainly open to the objection that it is far from perfect, and that in theory it is, or to speak more correctly, it might be made a Parliamentary sanction of gross interference



with the liberty of the subject. With regard to Pauper patients, and even to Chancery lunatics, I should hesitate to recommend any important change; but in the case of Private patients, there is much room for improvement of procedure, although as I say, in practice the present system works well. As the law stands a Private patient may be received into an Asylum on the "order" of a kinsman, a guardian, or a friend, backed by two medical certificates; or in cases of great emergency by one medical certificate, though then, two new medical certificates must be procured within twenty-four hours of the reception. But this system is, it will be perceived, open to great abuse, though I am far from saying that it is abused; and it ought in my opinion to be a fundamental principle of the Lunacy laws that, no Private patient, any more than a Pauper, or a Chancery one, can be consigned to an Asylum except on the order of a person responsible, either directly or indirectly, to the Crown. A magistrate, or a parish clergyman, should sign the order, having previously seen the patient. In Scotland no patient, except in the case of emergency, which is specially provided for, can be received into an Asylum without a Sheriff's order, and two medical certificates; and on paper the Scottish system is an admirable one. It has, however, the very important flaw, that the Sheriff does not necessarily see the alleged lunatic, and as a matter of fact, really never does see him; so that his order is not a declaration of himself that the person is of unsound mind, but rather a certificate that the papers have been properly filled up, and are sufficiently indicative of insanity. This duty is at least as effectively performed by the Lunacy Commissioners in England, as by the Sheriffs in Scotland; and, indeed, it is not apparent why the Scottish Commissioners

should not be entrusted with the task also, for it is not easy to see at first sight what peculiar advantages of training for the post the Sheriffs have over the Commissioners.

The true safe-guard, however, is after all, efficient supervision. Those who have been detained for a few hours on an important journey may have some idea of the irritation caused to a man who, having been conveyed to an Asylum under false pretences, as is too often the case, finds himself locked up there, and as he believes, unjustly. It is, so to speak, a thousand chances to one that he is of unsound mind, but that being so is only an additional reason why he should be saved from a sense of injustice, and a feeling of annoyance, which will operate very much against his recovery. The visits of the Asylum physician, intelligent and humane as he may be, are of little use—at any rate at first—in dispelling the grievances: the patient harps on the fact that he is interested in detaining him; and, indeed, in most of the Private Asylums the physician is concerned in the profits. To remedy this the kingdom should be parcelled into districts, and a Lunacy Inspector, who has been specially trained in that branch of medicine, appointed for each, to visit every Private patient admitted to any Asylum within his district, and report on him to the Commissioners in Lunacy. The total number of Private patients admitted to Asylums in England and Wales in 1875 was 2,532. By a plan of this sort, the order being signed by a disinterested person, and the patient inspected by an equally disinterested officer, it is almost impossible to suppose that a man could be wrongly consigned to an Asylum; and what is very nearly as important the outside public would feel secure against such fraud. It will be observed that these remarks apply only

to Private Innaties, the Chancery Innaties are already visited by a Master in Lunacy before they are pronounced insane; and with regard to the Pauper, they are now consigned to Asylums on the order of a magistrate, which is a sufficient guarantee against any improper motives.

But while it is to be hoped that all the agitation to effect a revision of the Lunacy Laws, which has prevailed for so long, will be not altogether fruitless, I hope at the same time that, should Parliament interfere, some more substantial regard will be paid to the very large majority of the public who are of sound mind. All recent legislation has been in favour of the insane to the utter exclusion of the sane. Sentiments of humanity, praiseworthy in themselves, and in certain individual cases much to be commended, have over-ruled the dictates of prudence. Benevolence is an excellent and a very appropriate handmaid of science, but a most dangerous pioneer, and too often consists in being kind to one friend at the expense of another who can ill afford it. It would be hard to say why a man who by a course of vicious indulgence of one kind or other has made himself insane, and is consigned to an Asylum, should be pampered and humoured above all others; while perhaps his own brother is ending his days in the workhouse, or existing on some miserable pittance, because he has lived a tolerably guileless life. It is hard to say why it should be, but so it is in fact. Far be it from me, and I trust from every one who has spent his life among the insane, to say that any portion of the darkness which once enshrouded the medical treatment of this class of diseases should be permitted to creep over us again; but there is a medium in all things and the medium has not been struck—on the contrary,



the more dangerous and depraved an insane person has become, the more luxuriously, it would seem, he ought to be treated. We who live in charge of Pauper Asylums, and are in constant contact not alone with the insane, but with their friends also, have only too many opportunities of contrasting their lots; and while acknowledging the difficulty of "drawing the line" in an Act of Parliament, it is to be hoped that the difficulty will not be made an excuse for abandoning the attempt.

The per centage of "recoveries" is lower than usual, but, considering the rapid rise in the death rate, and the very unfavourable nature of many of the admissions, you are on the whole to be congratulated on its being so large as it is.

The deaths are chiefly remarkable for the fact that about 40 per cent. are assigned to General Paralysis, the prevalence of which disease in this Asylum is already well known.

I have again the pleasure to report favourably of the conduct of the officers and of most of the servants.

In conclusion, permit me to thank you for the very kind support you give me, and for the confidence you repose in me in the discharge of my duties.

I have the honour to be, Gentlemen,

Your most obedient Servant,

R. H. B. WICKHAM.

# APPENDIX I.

TABLE I.,

*Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year 1876.*

				M.	F.	Total.
In the Asylum, 1st January, 1876 .....				96	123	219
	M.	F.	Total.			
Admitted for the first time during the Year.....	24	19	43			
Re-Admitted during the Year .....	1	3	4	25	22	47
Total under treatment .....				121	145	266
Discharged—						
Recovered .....	10	9	19			
Relieved .....	2	3	5			
Not Improved .....	0	0	0			
Died .....	11	7	18			
Total discharged and died ..				23	19	42
Remaining in the Asylum on the 31st December, 1876 .....				98	126	224
Average number daily resident .....				98	125	223

TABLE II.,

*Showing the Admissions, Re-Admissions, Discharges, and Deaths from the opening of the Asylum to the present date, 31st December, 1876.*

				M.	F.	Total.
Admitted during the period of 11½ Years .....				430	411	841
Re-Admitted .....				21	37	58
Total number of cases admitted .....				451	448	899
	M.	F.	Total.			
Discharged—						
Recovered .....	115	161	276			
Relieved .....	39	37	76			
Not improved.....	56	55	111			
Died .....	143	69	212			
Total number discharged and died during the 11½ Years.....				353	322	675
Remaining in the Asylum on the 31st December, 1876 ..				98	126	224
Average number daily resident during the 11½ Years				93 17-23	105 19-23	199 13-23



TABLE IV.,

*Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the numbers of each Year remaining on the 31st December, 1876.*

YEARS.	Admitted.				Of each Year's Admissions, Discharged and Died in 1876.						Total Discharged and Died of each Year's Admissions to 31st December, 1876.						Remaining of each Year's Admissions on 31st Dec., 1876.	
	New Cases.		Re-lapsed Cases.		Total.		Recovered.		Relieved.		Not Improved.		Died.		Total.		Males.	Fem.
	Males.	Fem.	Males.	Fem.	Total.		Males.	Fem.	Males.	Fem.	Males.	Fem.	Males.	Fem.	Total.			
1865.....	58	56	...	...	114	...	...	...	...	...	...	...	...	...	...	...	27	33
1866.....	18	25	1	3	47	...	...	...	...	...	...	...	...	...	...	...	4	9
1867.....	19	14	1	3	37	...	...	...	...	...	...	...	...	...	...	...	3	5
1868.....	29	22	2	4	57	...	...	...	...	...	...	...	...	...	...	...	6	7
1869.....	26	22	...	3	51	...	...	...	...	...	...	...	...	...	...	...	2	5
1870.....	68	108	2	2	180	...	...	...	...	...	...	...	...	...	...	...	10	19
1871.....	63	34	5	4	106	...	...	...	...	...	...	...	...	...	...	...	5	2
1872.....	48	35	...	1	84	...	...	...	...	...	...	...	...	...	...	...	5	4
1873.....	21	25	3	2	51	...	...	...	...	...	...	...	...	...	...	...	6	11
1874.....	28	29	4	6	67	...	...	...	...	...	...	...	...	...	...	...	9	9
1875.....	28	22	2	6	58	...	...	...	...	...	...	...	...	...	...	...	9	15
1876.....	24	19	1	3	47	...	...	...	...	...	...	...	...	...	...	...	16	13
Total .....	430	411	21	37	899	10	9	19	2	3	5	...	7	18	115	161	98	224

Summary of the Total Admissions.			Mean.	
Males.	Fem.	Mean.		
25.5	35.9	30.7		
8.7	8.3	8.5		
12.4	12.3	12.4		
31.7	15.4	23.5		
21.7	28.1	24.9		
100.0	100.0	100.0		

Per Centage of Cases Recovered .....

Relieved .....

Not Improved .....

Dead .....

Remaining.....



TABLE V.,

*Showing the Form of Mental Disease in those Admitted and in those Discharged Recovered during the Year 1876.*

	ADMISSIONS.			RECOVERED.		
	M.	F.	Total.	M.	F.	Total.
Mania .....	7	2	9	1	1	2
„ Acute.....	4	8	12	2	3	5
„ Chronic .....	...	...	...	...	..	...
„ Epileptic .....	1	...	1	...	..	...
Melancholia .....	1	10	11	1	4	5
General Paralysis of the Insane ....	5	...	5	...	...	...
Dementia .....	...	1	1	...	...	...
Amentia .....	2	...	2	...	...	...
Monomania.....	5	1	6	6	1	7
Total .....	25	22	47	10	9	19

TABLE VI.,

*Showing the Causes of Death during the Year 1876.*

CAUSES OF DEATH.	M.	F.	Total.
CEREBRAL OR SPINAL DISEASES:—			
Apoplexy and Paralysis.....	..	1	1
Epilepsy .....	1	...	1
General Paralysis of the Insane .....	5	2	7
Chronic Mania.....	...	1	1
Ramollissement and Catalepsy .....	...	1	1
THORACIC DISEASES:—			
Phthisis .....	1	1	2
Suppurative Pleuritis .....	1	...	1
OTHER DISEASES:—			
Erysipelas .....	2	...	2
General Decay .....	1	1	2
Total .....	11	7	18
Ascertained by <i>post mortem</i> examination ... ..	8	6	14

TABLE VII.,

*Showing the Length of Residence in those Discharged Recovered, and in those who have Died during the Year 1876.*

LENGTH OF RESIDENCE.	RECOVERED.			DIED.		
	M.	F.	Total.	M.	F.	Total.
Under 1 month .....	...	...	...	1	...	1
From 1 to 3 months .....	...	...	...	1	...	1
„ 3 to 6 „ .....	2	2	4	1	1	2
„ 6 to 9 „ .....	3	3	6	2	1	3
„ 9 to 12 „ .....	2	3	5	...	...	...
„ 1 to 2 years .....	2	...	2	2	2	4
„ 2 to 3 „ .....	1	...	1	1	2	3
„ 3 to 4 „ .....	...	1	1	1	...	1
„ 4 to 5 „ .....	...	...	...	...	...	...
„ 5 to 6 „ .....	...	...	...	...	...	...
„ 6 to 7 „ .....	...	...	...	1	...	1
„ 7 to 8 „ .....	...	...	...	...	...	...
„ 8 to 9 „ .....	...	...	...	1	...	1
„ 9 to 10 „ .....	...	...	...	...	...	...
„ 10 to 11 „ .....	...	...	...	...	1	1
Total .....	10	9	19	11	7	18



TABLE VIII,  
*Showing the duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1876.*

CLASS.	DURATION OF DISEASE ON ADMISSION, IN FOUR CLASSES.										
	ADMISSIONS.			DISCHARGES.						DEATHS.	
				Recovered.			Not Recovered.				
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F. Total.
FIRST CLASS—First attack, and within three months of admission .....	10	8	18	6	7	13	...	...	...	4	3 7
SECOND CLASS—First attack, above three months and within twelve months of admission .....	3	3	6	1	...	1	1	...	1	1	2
THIRD CLASS—Not first attack, and within twelve months of admission .....	4	9	13	2	2	4	1	1	2	1	2 3
FOURTH CLASS—First attack or not, but of more than 12 months before admission...	4	2	6	...	...	...	...	2	2	3	1 4
Not known .....	4	...	4	1	...	1	...	...	...	2	... 2
Total .....	25	22	47	10	9	19	2	3	5	11	7 18

TABLE IX.,  
*Showing the Ages of the Admissions, Discharges, and Deaths during the Year 1876.*

AGES.	ADMISSIONS.			DISCHARGES.						DEATHS.			
				Recovered.			Not Recovered.						
				M.	F.	Total.	M.	F.	Total.				M.
From 20 to 30 years.....	8	7	15	3	4	7	...	1	1	1	1	1	2
"    30 to 40 " .....	8	8	16	5	1	6	...	1	1	1	1	1	4
"    40 to 50 " .....	5	4	9	2	2	4	1	...	1	1	1	3	5
"    50 to 60 " .....	3	...	3	...	1	1	...	1	1	1	3	...	3
"    60 to 70 " .....	...	2	2	...	...	...	...	...	...	...	2	2	4
"    70 to 80 " .....	1	1	2	...	1	1	1	...	1	1	...	...	...
Total .....	25	22	47	10	9	19	2	3	5	11	7	18	

TABLE X.,  
*Condition as to Marriage in the Admissions, Discharges, and Deaths during the Year 1876.*

CONDITION AS TO MARRIAGE.	ADMISSIONS.			DISCHARGES.						DEATHS.		
				Recovered.			Not Recovered.					
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Married .....	13	8	21	6	3	9	2	1	3	7	5	12
Single .....	12	9	21	3	3	6	...	1	1	4	2	6
Widowed .....	...	5	5	1	3	4	...	1	1	...	...	...
Total .....	25	22	47	10	9	19	2	3	5	11	7	18



## APPENDIX II.

## NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.

*Balance Statement of the Income and Expenditure during the Year ending 31st December, 1876.*

I N C O M E.				E X P E N D I T U R E.			
	£	s.	d.		£	s.	d.
Jan. 1st—To Balance of Cash—Treasurer ...	790	7	10	Dec. 31st—By Provisions ...	...	...	2590 19 0
"    "    Clerk of Asylum...	25	17	7	Clothing ...	...	...	599 3 6
				Salaries and Wages ...	...	...	1606 2 6
Arrears (Private Patient) ...	13	11	5	Necessaries ...	...	...	749 16 11
Dec. 31—Corporation of Newcastle, for Ordinary				Surgery and Dispensary ...	...	...	35 17 11
Building and Repairs £2571 9s. 2d.,				Wines, Spirits, and Porter...	...	...	51 11 0
less House Rent received £14 18s. 0d.,				Furniture and Bedding ...	...	...	305 2 5
and Cash Paid £1527 13s. 9d. (£1540				Garden and Farm ...	...	...	458 1 6
12s. 9d.) ...	1028	17	5	Miscellaneous ...	...	...	238 6 1
To Cash per Newcastle Union ...	5963	13	2	Building and Repairs ...	...	...	715 1 11
"    "    St. Matthew's Union ...	585	12	0	Funeral Expenses ...	...	...	15 15 0
				Balance of Cash—Treasurer ...	...	...	7365 7 9
Private Patients' Board ...	...	...	...	Clerk of Asylum ...	...	...	2152 2 10
Sundries Sold... ..	...	...	...	"    "    "    "    "    "    "	...	...	56 0 6
House Rent received ...	...	...	...	Arrears (Private Patient) ...	...	...	2208 3 4
Corporation of Newcastle ...	...	...	...	"    "    "    "    "    "    "	...	...	13 11 5
				Corporation of Newcastle	...	...	...
				for Ordinary Building	...	...	...
				Repairs ...	...	...	1028 17 5
							1042 8 10
							£10615 19 11

DAVID BRODIE,

CLERK OF THE ASYLUM.

April 4th, 1877—Examined and found correct,

CHARLES SMITH, AUDITOR.



# NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM.

*Average Cost per Week per Patient for the Year 1876.*

Headings of Expenditure.	Amount.	Less Sales.	Average.
	£ s. d.	£ s. d.	s. d.
Provisions .....	2590 19 0	84 5 11	4 3 <sup>3</sup> / <sub>8</sub>
Clothing ... ..	599 3 6	4 14 8	1 0 <sup>1</sup> / <sub>8</sub>
Salaries and Wages .....	1606 2 6	0 5 0	2 8 <sup>1</sup> / <sub>8</sub>
Necessaries .....	749 16 11	...	1 3 <sup>3</sup> / <sub>8</sub>
Surgery and Dispensary .....	35 7 11	0 12 0	0 0 <sup>5</sup> / <sub>8</sub>
Wines, Spirits, &c. ....	51 11 0	2 0 0	0 1
Furniture and Bedding .....	305 2 5	...	0 6 <sup>1</sup> / <sub>4</sub>
Garden and Farm .....	458 1 6	57 1 6	0 8 <sup>1</sup> / <sub>4</sub>
Miscellaneous .....	238 6 1	...	0 4 <sup>1</sup> / <sub>8</sub>
Building and Repairs .....	715 1 11	...	1 2 <sup>5</sup> / <sub>8</sub>
	7349 12 9	148 19 1	12 3 <sup>3</sup> / <sub>8</sub>
Less by Ordinary Repairs' Account	715 1 11		1 2 <sup>5</sup> / <sub>8</sub>
	6634 10 10		
„ Sales .....	148 19 1		
Nett Cost and Average .....	6485 11 9		11 0 <sup>3</sup> / <sub>4</sub>

DAVID BRODIE,

. Clerk of the Asylum.



# NEWCASTLE-UPON-TYNE BOROUGH LUNATIC ASYLUM--DIET TABLE.

	BREAKFAST--8.15 A.M.										DINNER--1 P.M.										SUPPER--6.15 P.M.									
	Males.					Females.					Males.					Females.					Males.					Females.				
	Bread.	Butter.	Coffee.	Tea.		Bread.	Butter.	Coffee.	Tea.		Bread.	Butter.	Coffee.	Tea.		Bread.	Butter.	Coffee.	Tea.		Bread.	Butter.	Coffee.	Tea.		Bread.	Butter.	Coffee.	Tea.	
Sunday .....	8 oz.	2 1/2	1 Pt.	...	...	8 oz.	6	1 Pt.	...	...	8 oz.	2 1/2	1 Pt.	...	...	8 oz.	2 1/2	1 Pt.	...	...	8 oz.	2 1/2	1 Pt.	...	...	8 oz.	2 1/2	1 Pt.	...	...
Monday .....	8	...	...	1	...	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1
Tuesday .....	8	...	1	...	...	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1
Wednesday .....	8	...	...	1	...	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1
Thursday .....	8	...	1	...	...	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1
Friday .....	8	...	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1
Saturday .....	8	...	1	...	...	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1	8	6	...	...	1

Tea for 100 persons to contain 1lb. of Tea, 4lbs. of Sugar, and 3 gall. Milk. (Milk from the Farm.)  
 Coffee for 100 persons to contain 1 1/2 lbs. of Coffee, 4lbs. of Sugar, 1 1/2 gall. Milk. (Milk from the Farm.)  
 (a). Australian Corned Beef or Mutton.  
 Meat and Potato Pie for 100 persons to contain 28lbs. of Meat uncooked and with bone, 24lbs. Flour, 3lbs. Suet or Dripping.  
 Irish Stew for 100 persons to contain same Meat (Australian) and Potatoes as on Sundays.  
 (b). Australian Meat and Potato Pie for 100 persons to contain same quantity of Meat and Potatoes as on Sundays, with 20lbs. Flour, Seasoning, &c.  
 Soup on Wednesday to contain, for 100 persons. Liquor of Meat boiled same day, with 6lbs. Barley, 3lbs. Rice, 3lbs. Peas, 16lbs. Cabbage, Seasoning, &c.  
 Soup on Saturday to contain, for 100 persons. 12lbs. Hough Beef, with 6lbs. Barley, 3lbs. Rice, 3lbs. Peas, 16lbs. Cabbage, Seasoning, &c.  
 (c). Rice Pudding for 100 persons to contain 11lbs. Rice, 4lbs. Currants, and 3lbs. Sugar.  
 (d). Dumpling Pudding for 100 persons to contain 24lbs. of Flour, 4lbs. of Preserves, and 3lbs. Suet.  
 Extra Diet for Workers--2oz. Bread, 1oz. Cheese, and Half-pint Beer for Luncheon.  
 Extra Diet for Sick and Debilitated--according to Medical Order.





